

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1 2				
4		2 1				
5		1 2				
6		1 2				
7		1 2				
8		1 2				
9		1 2				
10		1 2				
11		1 2				
12		1 2				
13		1 2				
14		1 2				
15		1 2				
16		1 2				
17		1 2				
18		1 2				
19		1 2				
20		1 2				
21		1 2				
22		1 2				
23		1 2				
24		1 2				
25		1 2				
26		1 2				
27		1 2				
28		1 2				
29		1 2				
30		1 2				
31		1 2				
32		1 2				
33		1 2				
34		1 2				
35		1 2				
36		1 2				
37		1 2				
38		1 2				
39		1 2				
40		1 2				
41		1 2				
42		1 2				
43		1 2				
44		1 2				
45		1 2				
46		1 2				
47		1 2				
48		1 2				
49		1 2				
50		1 2				
TOTAL IND.	3					
TOTAL DEP.	23					
TOTAL CLAIMS	26					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS